• Strategies for dealing with linguistic barriers;

• Non-discriminatory fee structures; and

• Procedures for a timely search for prospective parents for a waiting child, including the use of exchanges and other interagency efforts, provided that such procedures must insure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

Agencies receiving Federal funds may not use standards related to income, age, education, family structure, and size or ownership of housing, which exclude groups of prospective parents on the basis of race, color, or national origin, where those standards are arbitrary or unnecessary or where less exclusionary standards are available.

Enforcement

As provided in Section 553(d)(1) of MEPA, covered agencies or entities are required to comply with the Act no later than six months after publication of this guidance or one year after the date of the enactment of this Act, whichever occurs first, i.e., October 21, 1995. Pursuant to Section 553(d)(2) of MEPA, if a state demonstrates to the satisfaction of the Secretary of HHS that it is necessary to amend state statutory law in order to change a particular practice that is inconsistent with MEPA, the Secretary may extend the compliance date for the state a reasonable number of days after the close of the first state legislative session beginning after April 25, 1995. In determining whether to extend the compliance date, the Secretary will take into account the constitutional standards described in Part A of this guidance. Because states need not enforce unconstitutional provisions of their laws, statutory amendments are not an essential precondition to coming into compliance with respect to any such provisions.

HHS emphasizes voluntary compliance with the law and recognizes that covered agencies may want further guidance on their obligations under these laws. Accordingly, HHS is offering technical assistance to any covered agency seeking to better understand and more fully comply with the Multiethnic Placement Act. Organizations wishing to be provided with technical assistance on compliance with the nondiscrimination provisions of MEPA should contact Ronald Copeland of OCR at 202–619–0553. Organizations wishing to be provided with technical assistance regarding required recruitment efforts should contact Carol Williams or Dan Lewis of the Administration on Children and Families at 202–205–8618.

The Multiethnic Placement Act provides two vehicles for enforcement of its prohibition against discrimination in adoption or foster care placement. First, pursuant to Section 553(b), any individual who is aggrieved by an action he or she believes constitutes discrimination in violation of the Act has the right to bring an action seeking equitable relief in a United States district court of appropriate jurisdiction. Second, the Act provides that noncompliance with the prohibition is deemed a violation of Title VI.

OCR has published regulations to effectuate the provisions of Title VI. 45 CFR part 80. Any individual may file a complaint with OCR alleging that an adoption or foster care organization funded by HHS makes placement decisions in violation of the Multiethnic Placement Act and Title VI. OCR may also initiate compliance reviews to determine whether violations have occurred. If OCR determines that an adoption or foster care organization makes discriminatory placement decisions, OCR will first seek voluntary compliance with the law. Should attempts at voluntary compliance prove unsuccessful, OCR will take further steps to enforce the law.

These steps may involve referring the matter to the Department of Justice with a recommendation that appropriate court proceedings be brought. HHS may also initiate administrative proceedings leading to the termination of the offending agency's Federal financial assistance. These proceedings include the opportunity for a covered agency or entity to have a hearing on any OCR findings made against it. 45 CFR 80.8.

At any point in the complaint investigation process or during the pendency of fund termination proceedings, organizations may agree to come into voluntary compliance with the law. OCR will work closely with organizations to develop necessary remedial actions, such as training of staff in the requirements of Title VI and MEPA, to ensure that their efforts at compliance are successful.

When a state fails to develop an adequate recruitment plan and expedite the placement of children consistent with MEPA, the Secretary through ACF and OCR will provide technical assistance to the state in the development of the plan and where necessary resolve through corrective action major compliance issues. When these efforts fail the Secretary will make a determination of appropriate proportional penalties.

[FR Doc. 95–10155 Filed 4–24–95; 8:45 am]

BILLING CODE 4150–04–M

Agency for Health Care Policy and Research

Meeting of the National Advisory Council for Health Care Policy, Research, and Evaluation

AGENCY: Agency for Health Care Policy and Research.

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the National Advisory Council for Health Care Policy, Research, and Evaluation.

DATES: The meeting will be open to the public on Tuesday, May 16, from 12:30 p.m. to 5:30 p.m., and on Wednesday, May 17, from 8:30 a.m. to 10:15 a.m.

In accordance with the provisions set forth in section 552b(c)(6), title 5, U.S. Code, and section 10(d) of the Federal Advisory Committee Act, a meeting closed to the public will be held on May 17, 1995, from 10:15 a.m. to 12:00 p.m. to discuss the relative emphasis and focus of topics in the AHCPR grant portfolio. The discussion could reveal confidential personal information, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

ADDRESSES: The meeting will be held at the Madison Hotel, 1177 15th Street, NW., Washington, DC 20005.

FOR FURTHER INFORMATION CONTACT: Deborah L. Queenan, Executive Secretary of the Advisory Council at the Agency for Health Care Policy and Research, 2101 East Jefferson Street, suite 603, Rockville, Maryland 20852, (301) 594–1459.

In addition, if sign language interpretation or other reasonable accommodation for a disability is needed, please contact Linda Reeves, the Assistant Administrator for Equal Opportunity, AHCPR, on (301) 594–6666 no later than May 5, 1995.

SUPPLEMENTARY INFORMATION:

I. Purpose

Section 921 of the Public Health Service Act (42 U.S.C. 299c) establishes the National Advisory Council for Health Care Policy, Research, and Evaluation. The Council provides advice to the Secretary and the Administrator, Agency for Health Care Policy and Research (AHCPR), on matters related to AHCPR activities to enhance the quality, appropriateness, and effectiveness of health care services and access to such services through scientific research and the promotion of improvements in clinical practice and

in the organization, financing, and delivery of health care services.

The Council is composed of public members appointed by the Secretary. These members are: Robert A. Berenson, M.D.; F. Marion Bishop, Ph.D.; Linda Burnes Bolton, Dr. P.H.; John W. Danaher, M.D.; Helen Darling, M.A.; Nancy J. Kaufman, M.S.; William S. Kiser, M.D.; Robert M. Krughoff; Risa J. Lavizzo-Mourey, M.D.; W. David Leak, M.D.; Harold S. Luft, Ph.D.; Barbara J. McNeil, M.D.; Walter J. McNerney, M.H.A.; Edward B. Perrin, Ph.D.; Louis F. Rossiter, Ph.D.; Albert L. Siu, M.D.; and Ellen B. White, M.B.A.

There also are Federal ex officio members. These members are: Administrator, Substance Abuse and Mental Health Services Administration; Director, National Institutes of Health; Director, Centers for Disease Control and Prevention; Administrator, Health Care Financing Administration; Commissioner, Food and Drug Administration; Assistant Secretary of Defense (Health Affairs); and Chief Medical Director, Department of Veterans Affairs.

II. Agenda

On Tuesday, May 16, 1995, the open portion of the meeting will begin at 12:30 p.m. with the call to order by the Council Chairman. The Administrator, AHCPR, will update the status of current Agency issues and program initiatives. The meeting will adjourn at 5:30 p.m.

On Wednesday, May 17, 1995, the open portion of the Council meeting will resume at 8:30 a.m. with a discussion of the AHCPR grant application review process. The open meeting will adjourn at 10:15 a.m. The Council will begin the closed portion of the meeting to discuss the AHCPR grant portfolio from 10:15 a.m. to 12:00 p.m. The meeting will then adjourn at 12:00 p.m.

Agenda items are subject to change as priorities dictate.

Dated: April 19, 1995.

Clifton R. Gaus,

Administrator.

[FR Doc. 95–10121 Filed 4–24–95; 8:45 am]

BILLING CODE 4160–90–M

National Institutes of Health

National Cancer Institute: Opportunity for a Cooperative Research and Development Agreement (CRADA) for the Scientific and Commercial Development of Monoclonal Antibodies for the Therapy and/or Diagnosis of Cancer

AGENCY: National Institutes of Health, PHS, DHHS.

ACTION: Advertisement.

SUMMARY: The Laboratory of Tumor Immunology and Biology (LTIB), National Cancer Institute is seeking pharmaceutical or biotechnology collaborator(s) which can effectively pursue the scientific and commercial development of a panel of monoclonal antibodies generated against tumor associated antigens for use in the therapy and/or diagnosis of a range of human cancers. The primary focus of these collaborations will be the development and commercialization of a panel of monoclonal antibodies consisting of two major groups: (A) Monoclonal antibodies directed against the pancarcinoma antigen, TAG–72. TAG–72 is expressed on a range of human carcinomas including colorectal, gastric, pancreatic, ovarian, endometrial, breast, non-small cell lung, and prostate. Monoclonal antibody CC49 is the prototype monoclonal antibody of this group. Humanized and other genetically engineered variants of monoclonal antibody CC49 have already been developed. (B) Monoclonal antibodies directed against human carcinoembryonic antigen, which is expressed on the following carcinomas: colorectal, pancreatic, gastric, non-small cell lung, and breast carcinoma. The prototype for this group of monoclonal antibodies is COL–1. (C) Additionally, it may likely be a further goal of these collaborations to develop novel recombinant forms of these monoclonal antibodies.

It is anticipated that because of the magnitude, diversity, and expense of these proposed research projects the collaboration(s) may take the form of multiple CRADAs. The collaboration(s) will involve all aspects of diagnostic and/or therapeutic development from basic scientific inquiry to late stage clinical trials which selected sponsor(s) will be required to partially support. The selected sponsor(s) will collaborate in the development of one or more of the following diagnostic or therapeutic forms of these monoclonal antibodies: (1) Radiolabeled monoclonal antibodies (diagnostic (oncologic imaging) and/or therapeutics); (2) Drug and/or toxin conjugated monoclonal antibodies; (3) Pro-drug conjugated monoclonal antibodies; (4) Unconjugated monoclonal antibodies (including bifunctional forms).

Sponsors will be selected based upon their ability to collaborate with NCI for the development of any of these therapeutic or diagnostic forms in accordance with the corporate role and selection criteria outlined below. It is emphasized that selection of a collaborator will not be dependent upon an entity's ability to perform the largest portion of the research project. Rather, a collaborator will be selected based upon the scientific merit and intellectual contributions brought to each individual project(s). Potential collaborators are, therefore, urged to submit proposals which focus on particular area(s) of expertise in a well-organized and precise manner which clearly outlines a development and commercialization plan. Finally, it is also possible that logical extensions of these research protocols may be considered as potential collaborative projects. Accordingly, proposals must address the requested criteria and protocols, but in addition, may include any additional unique development projects relating to the core technology.

The term of the CRADA(s) is anticipated to be three (3) to five (5) years.

ADDRESSES: Inquiries and proposals regarding this opportunity should be addressed to either Michael Christini or Mark Noel (Tel #301–496–0477, Fax #301–402–2117), Office of Technology Development, National Cancer Institute, Building 31, Room 4A49, NIH, 9000 Rockville Pike, Bethesda, MD 20892.

DATES: Proposals must be received at the above address by 5 p.m. June 26, 1995.

SUPPLEMENTARY INFORMATION: Cooperative Research and Development Agreement or ''CRADA'' means the anticipated joint agreement to be entered into by NCI pursuant to the Federal Technology Transfer Act of 1986 and Executive Order 12591 of October 10, 1987 to collaborate on the specific research project described below. Under the present proposal, the Government is seeking collaborator(s), which in accordance with the requirements of the regulations governing the transfer of technology in which the Government has taken an active role in developing (37 CFR 404.8), can further develop this technology to a commercially available status to best meet the needs of the public.

This technology has been the focal point of much research and